SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.

101 = 710
105 = 130 } paid
199 = 175
_____
1015

103 = 18 X 16 = 288
102 = 80 X 1 = 80

We need Total = 1208
Paid 1015
193

EXAMINER

ART UNIT   PAPER NUMBER

DATE MAILED:

368   **NOTICE OF INSUFFICIENT FILING FEES**

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☐ **A. Filing Fees due upon filing the application**

    Total Filing Fees Due   = $ 1208

    Less Filing Fees Submitted   - $(1015)

    BALANCE DUE   = $ 193

☐ **B. Fees due in connection with the amendment filed on** _____

    Total Fees Due   = $ _____

    Less Fees Submitted   - $(_____)

    BALANCE DUE   = $ _____

ATTACHMENT: FORM PTO-875

_____
Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH ''Y

Fee submitted $ _____   Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____   Signature: _____

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/707079

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				355	_____	=
Total Claims >20	203/103	39	-20 = 19	X	171	_____	=
Independent Claims >3	202/102	4	-3 = 1	X	40	_____	=
Mult. Dep Claim Present	204/104				_____	_____	=
Surcharge	205/105				65	_____	=
English Translation	139						

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ 631.00

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ 631.00

Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number: 09/707079

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20=	* 10
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=	144	OR	X$18=	
X40=	40	OR	X80=	
+135=		OR	+270=	
TOTAL	566	OR	TOTAL	

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR **SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.